

## REIMBURSEMENT REQUEST FORM FOR QUALIFIED EDUCATIONAL EXPENSES

Student Name			
Social Security Number			
GET Account Number			
Total Amount Requested \$			
I certify that this reimbursement req Code Section 529. Qualified education required for the enrollment or attended.	onal expenses include, the cost	ts of books, supplies, a	•
Note: requests for reimbursement for the equipment is required for enrolls balance remaining in the beneficiary	ment or attendance. Requests	for reimbursement sl	hould not exceed the
Signature of Student/Purchaser  Reimbursement for books or equipm	Printed name of Student/l		Date  Treceints and a conv
of the course syllabus, which lists the request form.			
Reimbursement will be mailed to t authorizes reimbursement to the st			the purchaser
Signature of Student/Purchaser	Printed name of Student/I		Date
(This signature authorizes reimbursem) Please print address to send remittan	•	iciary named above)	
Address			
Address			
City	State	Zip Code_	
<b>Contact Number</b> ()			
	Return To:		
	Guaranteed Education Tuition	Program	

Attention: Reimbursement
P.O. Box 43450
Olympia, WA 98504-3450

For questions about this form contact: 1-800-955-2318